Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

CONNECTICUT

Citation

Sec. 245A(h) of the Immigration and Nationality Act (a)(6) Limited Coverage for Certain Aliens

Aliens granted lawful temporary resident (i) status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

Amount, Duration, and Scope of Services (Continued)

- Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
- (B) Are children under 18 years of age; or
- (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

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Citation

Amount, Duration, and Scope of Services: Limited 3.1(a)(6) Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act

(a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

// (a)(8) Presumptively Eligible Pregnant Women

1902(a)(47) and 1920 of the Act

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act

(a)(9) EPSDT Services.

> The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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3.1(a)(9)

7

Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60

The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240 and 440.250

(a)(10) Comparability of Services

> Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- 1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act
- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii)Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- /X / (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

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Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State	CONNECTIO	UT		
Citation 12 CFR Part 140, Subpart B 12 CFR 441.15 UT-78-90 WT-80-34	3.1(b)	Home health services are provided in accordance with the requirements of 42 CFR 441.15.		
		(1)	all ca	mealth services are provided to a tegorically needy individuals are of age or over.
		(2)	all c	nealth services are provided to ategorically needy individuals 21 years of age.
			<u>/</u> ▼ '	?es
				Not applicable. The State plan loes not provide for skilled nursing facility services for such individuals.
		(3)		nealth services are provided to edically needy:
			<u> </u>	es, to all
				Yes, to individuals age 21 or over; SNF services are provided
			7	Yes, to individuals under age 21; SNF services are provided
				No; SNF services are not provided
			<u> </u>	Not applicable; the medically needy are not included under this plan

IN #76 26
Supersedes Approval Date 1/11/77 Effective Date ##75
IN # 3/31/8/

Revision: HCFA-PM-93-8 (BPD)

UFFICIAL

State/Territory: Connecticut

Citation

3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 3.1-D</u>.

3...

42 CFR 483.10

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

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Supersedes Approval Date FFR 1 0 1994 Effective Date 10-1-93
TN No. 91-15

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State CONNECTICUT

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<u>Citation</u> 42 CFR 440.260 AT-78-90 3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

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May 22, 1980

State CONNECTICUT

Citation 42 CFR 441.20 AT-78-90 3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

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APRIL 1987

OMB No.: 0938-0193

State/Territory: CONNECTICU

Citation 42 CFR 441.30 AT-78-90

1903(i)(1)

of the Act,

P.L. 99-272 (Section 9507)

- 3.1 (f) (1) Optometric Services

Optometric services (other than those provided under \$\\$435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

<u>/</u>/ Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/ / No.

X/Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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0938-0193

MARCH 1987

State/Territory:

CONNECTICUT

Citation 42 CFR 431.110(b) AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of the Act. P.L. 99-509 (Section 9408) (h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
 - / / 30 consecutive days:
 - // __ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made:
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.
- // Yes. The requirements of section 1902(e)(9) of the Act are met.
- /x/ Not applicable. These services are not included in the plan.

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